

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A04955

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** PLM LIMITED PARTNERSHIP

**Current Principal Place of Business:**

333 N. SUMMIT STREET  
TOLEDO, OH 43604 US

**New Principal Place of Business:**

**Current Mailing Address:**

333 N. SUMMIT STREET  
TOLEDO, OH 43604 US

**New Mailing Address:**

**FEI Number:** 36-2899194

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: 836638  
Name: WINTER PARK NURSING CENT  
Address: 333 N. SUMMIT STREET  
City-St-Zip: TOLEDO, OH 43604 US

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: CRYSTAL MCKENZIE

POA

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date